



**RATE SHEET  
INTERMEDIATE UNIT ONE**

<u>Base Plan</u> Facility Monthly Benefit Home Monthly Benefit Facility Benefit Duration Home Benefit Lifetime Maximum Elimination Period Home Care Level	<b>\$1,000</b> <b>\$500</b> <b>3 Years</b> <b>50%</b> <b>\$36,000</b> <b>90 Days</b> <b>Professional</b>	<u>Options</u> Home Care Level Inflation Protection	<b>Total Compound Uncapped</b>
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*This rate sheet shows the cost per \$1,000 of coverage*

**Calculate your Premium:**

$$\frac{\text{Rate for Plan Chosen}}{\text{Facility Monthly Benefit Amount}} \times \text{Facility Monthly Benefit Amount} \div \$1,000 = \text{Your Premium}$$

**Monthly Rates**

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Total Home Care Option	Base Plan With Compound Inflation Option	Base Plan With Total Home Care Compound Inflation Option
18-30	2.10	3.20	6.60	9.20
31	2.10	3.20	6.70	9.40
32	2.10	3.30	6.80	9.60
33	2.20	3.30	7.00	9.80
34	2.20	3.40	7.20	10.00
35	2.30	3.50	7.40	10.30
36	2.40	3.60	7.60	10.60
37	2.50	3.70	7.80	10.80
38	2.60	3.90	8.10	11.20
39	2.70	4.10	8.40	11.50
40	2.80	4.20	8.60	11.80
41	2.90	4.40	8.80	12.20
42	3.10	4.60	9.10	12.60
43	3.20	4.80	9.40	12.90
44	3.30	5.00	9.70	13.40
45	3.60	5.30	10.10	13.80
46	3.70	5.60	10.30	14.20
47	3.90	5.80	10.60	14.70
48	4.10	6.20	11.00	15.20
49	4.30	6.60	11.30	15.80
50	4.50	6.90	11.60	16.30
51	4.80	7.40	12.10	17.00
52	5.10	7.80	12.50	17.60
53	5.40	8.30	12.90	18.30
54	5.70	8.80	13.30	18.90
55	6.10	9.40	13.90	19.60
56	6.40	9.90	14.50	20.50
57	6.90	10.70	15.30	21.50
58	7.40	11.40	16.00	22.50
59	8.00	12.20	16.70	23.50



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	<b>\$1,000</b>	Home Care Level	<b>Total Compound Uncapped</b>
Home Monthly Benefit	<b>\$500</b>	Inflation Protection	
Facility Benefit Duration	<b>3 Years</b>		
Home Benefit	<b>50%</b>		
Lifetime Maximum	<b>\$36,000</b>		
Elimination Period	<b>90 Days</b>		
Home Care Level	<b>Professional</b>		

*This rate sheet shows the cost per \$1,000 of coverage*

**Calculate your Premium:**

$$\frac{\text{Rate for Plan Chosen}}{\text{Facility Monthly Benefit Amount}} \times \text{Facility Monthly Benefit Amount} \div \$1,000 = \text{Your Premium}$$

**Monthly Rates**

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Total Home Care Option	Base Plan With Compound Inflation Option	Base Plan With Total Home Care Compound Inflation Option
	60	8.60	13.10	17.60
61	9.40	14.20	18.80	26.30
62	10.40	15.50	20.40	28.30
63	11.30	16.80	21.70	29.90
64	12.50	18.30	23.40	32.00
65	14.20	20.40	26.00	35.20
66	15.70	22.20	28.10	37.50
67	17.50	24.30	30.70	40.50
68	19.30	26.50	33.10	43.20
69	21.50	28.90	36.00	46.40
70	23.80	31.60	38.70	49.50
71	26.40	34.60	42.30	53.50
72	29.30	37.90	46.00	57.70
73	32.50	41.60	49.90	62.10
74	35.90	45.50	54.10	66.80
75	43.30	54.30	64.00	78.30
76	47.60	59.00	69.40	84.20
77	52.20	64.20	74.70	89.90
78	57.30	69.80	80.90	96.50
79	62.90	75.90	86.90	103.10
80	69.10	82.60	94.20	110.80



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	<b>\$1,000</b>	Home Care Level	<b>Total Compound Uncapped</b>
Home Monthly Benefit	<b>\$500</b>	Inflation Protection	
Facility Benefit Duration	<b>6 Years</b>		
Home Benefit	<b>50%</b>		
Lifetime Maximum	<b>\$72,000</b>		
Elimination Period	<b>90 Days</b>		
Home Care Level	<b>Professional</b>		

*This rate sheet shows the cost per \$1,000 of coverage*

**Calculate your Premium:**

$$\frac{\text{Rate for Plan Chosen}}{\text{Facility Monthly Benefit Amount}} \times \text{Facility Monthly Benefit Amount} \div \$1,000 = \text{Your Premium}$$

**Monthly Rates**

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Total Home Care Option	Base Plan With Compound Inflation Option	Base Plan With Total Home Care Compound Inflation Option
	18-30	2.70	4.30	8.70
31	2.80	4.40	9.00	12.70
32	2.90	4.50	9.10	13.00
33	2.90	4.50	9.40	13.30
34	3.00	4.60	9.60	13.60
35	3.10	4.80	9.90	14.00
36	3.20	4.90	10.20	14.30
37	3.30	5.10	10.50	14.70
38	3.50	5.30	10.80	15.20
39	3.60	5.50	11.10	15.60
40	3.70	5.70	11.40	16.00
41	3.90	6.00	11.70	16.40
42	4.10	6.30	12.10	17.00
43	4.30	6.60	12.50	17.40
44	4.50	6.90	12.90	18.00
45	4.80	7.20	13.30	18.60
46	5.00	7.60	13.80	19.20
47	5.20	8.00	14.10	19.80
48	5.50	8.50	14.50	20.60
49	5.70	8.90	15.00	21.30
50	6.00	9.40	15.30	22.00
51	6.30	10.00	15.90	22.90
52	6.70	10.60	16.40	23.70
53	7.10	11.30	17.00	24.70
54	7.50	12.00	17.60	25.60
55	8.00	12.80	18.30	26.50
56	8.50	13.60	19.10	27.60
57	9.10	14.60	19.90	29.00
58	9.80	15.60	20.90	30.40
59	10.50	16.70	21.80	31.80



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	<b>\$1,000</b>	Home Care Level	<b>Total Compound Uncapped</b>
Home Monthly Benefit	<b>\$500</b>	Inflation Protection	
Facility Benefit Duration	<b>6 Years</b>		
Home Benefit	<b>50%</b>		
Lifetime Maximum	<b>\$72,000</b>		
Elimination Period	<b>90 Days</b>		
Home Care Level	<b>Professional</b>		

*This rate sheet shows the cost per \$1,000 of coverage*

**Calculate your Premium:**

$$\frac{\text{Rate for Plan Chosen}}{\text{Facility Monthly Benefit Amount}} \times \text{Facility Monthly Benefit Amount} \div \$1,000 = \text{Your Premium}$$

**Monthly Rates**

Insurance Age	Plan 1	Plan 2	Plan 3	Plan 4
	Base Plan	Base Plan With Total Home Care	Base Plan With Compound Inflation	Base Plan With Total Home Care Compound Inflation
	Base Plan	Option	Option	Option
60	11.20	17.90	22.80	33.40
61	12.30	19.50	24.50	35.80
62	13.50	21.30	26.40	38.30
63	14.80	23.10	28.10	40.70
64	16.20	25.20	30.20	43.60
65	18.40	28.10	33.50	47.80
66	20.40	30.70	36.30	51.30
67	22.60	33.60	39.50	55.30
68	25.00	36.60	42.50	59.00
69	27.60	40.00	45.90	63.30
70	30.50	43.70	49.50	67.60
71	33.90	47.90	54.10	73.30
72	37.50	52.50	58.80	79.00
73	41.50	57.50	63.50	84.90
74	45.80	62.90	68.80	91.40
75	55.10	75.10	81.20	107.10
76	60.50	81.70	88.00	115.30
77	66.40	88.90	94.70	123.30
78	72.80	96.70	102.30	132.20
79	79.80	105.30	109.90	141.50
80	87.50	114.50	118.90	152.10



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<u>Base Plan</u>		<u>Options</u>	
Facility Monthly Benefit	<b>\$1,000</b>	Home Care Level	<b>Total Compound Uncapped</b>
Home Monthly Benefit	<b>\$500</b>	Inflation Protection	
Facility Benefit Duration	<b>Unlimited</b>		
Home Benefit	<b>50%</b>		
Lifetime Maximum	<b>Unlimited</b>		
Elimination Period	<b>90 Days</b>		
Home Care Level	<b>Professional</b>		

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31	3.80	6.10	11.90	17.60
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33	4.00	6.40	12.60	18.40
34	4.10	6.60	12.80	18.80
35	4.20	6.80	13.10	19.30
36	4.30	7.00	13.50	19.70
37	4.50	7.20	13.90	20.30
38	4.60	7.40	14.30	20.80
39	4.90	7.80	14.70	21.40
40	5.00	8.10	15.10	22.00
41	5.30	8.40	15.60	22.60
42	5.50	8.70	16.00	23.30
43	5.70	9.10	16.50	23.90
44	6.00	9.60	17.00	24.70
45	6.30	10.10	17.50	25.40
46	6.60	10.60	18.00	26.30
47	7.00	11.20	18.50	27.20
48	7.30	11.90	19.10	28.30
49	7.60	12.50	19.60	29.20
50	8.10	13.30	20.10	30.30
51	8.50	14.00	20.80	31.50
52	8.90	14.90	21.40	32.60
53	9.40	15.90	22.20	34.00
54	9.90	16.80	22.90	35.20
55	10.40	17.70	23.60	36.10
56	11.20	19.00	24.60	37.80
57	11.90	20.40	25.70	39.80
58	12.70	21.80	26.80	41.70
59	13.60	23.40	28.00	43.70



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Home Monthly Benefit	<b>\$500</b>	Inflation Protection	
Facility Benefit Duration	<b>Unlimited</b>		
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		Base Plan With Total Home Care	Base Plan With Compound Inflation	Base Plan With Total Home Care Compound Inflation
	Base Plan	Option	Option	Option
60	14.60	25.00	29.20	45.80
61	15.90	27.30	31.30	49.00
62	17.30	29.70	33.50	52.50
63	18.90	32.30	35.60	55.90
64	20.60	35.10	38.00	59.70
65	23.30	39.20	42.10	65.60
66	25.80	42.90	45.70	70.40
67	28.60	46.80	49.50	75.80
68	31.60	51.10	53.30	80.80
69	34.90	55.70	57.70	86.80
70	38.50	60.80	62.10	92.90
71	42.70	66.60	67.60	100.40
72	47.20	72.80	73.40	108.00
73	51.90	79.40	79.10	115.90
74	57.20	86.60	85.50	124.30
75	68.70	103.00	100.70	145.30
76	75.40	112.10	109.20	156.50
77	82.70	121.80	117.40	167.10
78	90.40	132.30	126.60	179.00
79	98.90	143.70	135.90	191.40
80	108.30	156.00	146.70	205.30